Case Report: Herpes Encephalitis

Rene'e D. Brown MD

Patients who present with altered mental status can present a unique and challenging diagnosis dilemma. Prompt diagnosis and treatment can prevent death or serous sequelae in some cases of delirium. This is the case of a 32 year old Caucasian male with Herpes Simplex encephalitis who presented to a local hospital with an altered mental status.

Case Report

A 32 year old aviation mechanic was in his usual state of excellent health came to work one afternoon and stated that he had a severe headache and needed to return back home. He was reported to have taken two aspirin and went home. 90 minutes later he called back to his work and stated that he needed assistance getting to the hospital because he was gravely ill.

He was driven to a local emergency department where he was found to have an altered mental status. His temperature was 102.1F, heart rate 79 beats per minute, and respirations 24 per minute. The patient was very combative and required sedation to facilitate a more thorough exam.

In the ICU, a lumbar puncture was performed and revealed HSV DNA by PCR. However, a computed tomographic (CT) brain scan and Magnetic resonance imaging (MRI) of the brain was negative. The patient was started on intravenous Acyclovir at 10mg/kg every eight hours.

Over the next 3 days, the patient's mental status improved. He was evaluated by Neurology and Psychiatry. Since discharge, he has done well and appears to suffer no sequelae.

Discussion

The leading cause of sporadic encephalitis is caused by Herpes Simplex Virus type 1. In North America, the incidence is 1 in 250,000 to 500,000 persons per year. HSV encephalitis accounts for nearly 20 percent of the cases of encephalitis in the United States. Some HSV infections resolve spontaneously and yet others go unrecognized. By some accounts, however, mortality of HSV encephalitis is 70% if left untreated.

Though Herpes encephalitis is a rare cause of delirium, knowledge of its diagnosis and treatment are essential to prevent death or serious long-term consequences. Patients usually recover without sequelae if antiviral therapy is started early.

Reference

1. The Herpesviruses. In: Cecil Textbook of Medicine, 21st Ed., W.B. Saunders company, 2000: 2128-2129.

Correspondence to:
Rene'e D. Brown MD
U.S. Navy
Kaneohe, HI
e-mail: brownr@dg.navy.mil

Transportational Thrombocytopenia

Robert T.S. Jim MD

A new cause for thrombocytopenia has been discovered recently, due to transportational delay in performing a routine blood count (CBC).

A 73 year old Chinese male physician was found to have a low platelet count of 112,000 cmm on a otherwise routine CBC drawn at the St. Francis Hospital, Honolulu, and sent to the St. Francis Hospital West for the determination. Examination of the blood smear showed marked platelet clumping. Five days later a repeat CBC done at the St. Francis Hospital, Honolulu, on freshly drawn blood, showed a normal CBC and normal platelet count of 177,000 cmm and no platelet clumping on the blood smear. In both CBCs, EDTA anticoagulant was used.

Transportational delay in performing a CBC may result in platelet clumping and a false thrombocytopenia, similar to a factious low platelet count due to EDTA platelet clumping.[1] Physicians should be aware that delay due to distance in transporting blood may result in platelet clumping and false thrombocytopenia. This phenomenon is referred to as transportational thrombocytopenia.

Summary

Transportational delay in performing a routine CBC may result in platelet clumping and a false thrombocytopenia referred to as transportational thrombocytopenia.

Reference:

1. Jim, R.T.S.: Pseudothrombocytopenia, Hawaii Med. J. 48: 170, 1989.

Correspondence to:
Robert T.S. Jim MD
Professor of Medicine
University of Hawaii, John A. Burns School of Medicine
Honolulu, HI